

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-017876

STATE FILE NUMBER

FILED MAY 26 1958 Registration District No. 128 Primary Registration District No. 200 Registrar's No. 529

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: <b>MISSOURI</b> b. COUNTY <b>GREENE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>SPRINGFIELD</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>SPRINGFIELD</b> 03915 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1403 NICHOLS</b>		Length of stay in lb <b>60 YRS.</b>	d. STREET ADDRESS (If outside, give location) <b>1403 NICHOLS</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>MARION A. PERRYMAN</b>			4. DATE OF DEATH Month Day Year <b>MAY 21 1958</b>
5. SEX <b>MALE</b> 0	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>JAN. 12 1879</b>
9. AGE (In years last birthday) <b>79</b>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <b>RETIRED MERCHANT</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>GROcery</b>	11. BIRTHPLACE (City and state or country) <b>BUFFALO, MISSOURI</b> 0
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>WILLIAM SILAS PERRYMAN</b>	
13b. MOTHER'S MAIDEN NAME <b>SARAH BLANKENSHIP</b>		14. NAME OF HUSBAND OR WIFE <b>IDA PERRYMAN (DEC.)</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NO</b>	17. INFORMANT Address <b>MRS. ANNA WILKERSON SPRINGFIELD, MO.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>MYOCARDIAL INFARCTION DUE TO</b>			INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) <b>ARTERIOSCLEROTIC CORONARY THROMBOSIS</b>			
DUE TO (c) <b>ARTERIOSCLEROTIC HEART DISEASE</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>DIABETIS MELLITUS</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> NONE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. <b>NONE</b>			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from Death occurred at <b>10/28/50</b> to <b>5/21/58</b> and last saw <sup>xxx</sup> him alive on <b>5/21/58</b> <b>5:30 A.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>W. J. Sam</i> (Degree or title) <b>M.D. 0</b>		22b. ADDRESS <b>609 CHERRY SPRINGFIELD, MO.</b>	22c. DATE SIGNED <b>5/21/58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>5/24/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>EASTLAWN</b>	23d. LOCATION (City, town, or county) (State) <b>SPRINGFIELD, MO.</b>
24. FUNERAL DIRECTOR ADDRESS <b>H.H. LOHMEYER SPRINGFIELD, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>5-22-58</b>	26. REGISTRAR'S SIGNATURE <i>Effie S. Melton</i>

VS SEP 24 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *A. H. Mc Carr* .....

Licensed Embalmer No. *2727* .....

P. O. Address *Springfield, Mo* .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

• If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.